PTO/SB/17 (01-06)

Fee Paid (\$)

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Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. s pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) 10/629.801 Application Number FEE TRANSMITTAL Filing Date July 30, 2003 For FY 2006 First Named Inventor NAOTO ABE, ET AL. **Examiner Name** X.M. Wu Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 2629 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 00862.002955.1 METHOD OF PAYMENT (check all that apply) None Other (please identify): Credit Card Money Order Check 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Application Type Fees Paid (\$) Fee (\$) Fee (\$) Fee(\$) Fee(\$) Fee(\$) Utility 300 150 500 250 200 100 200 100 50 130 65 Design 100 200 300 150 160 80 Plant 100 Reissue 300 150 500 250 600 300 200 Provisional 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee(\$) Fee(\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims **Total Claims** Fee Paid (\$) **Multiple Dependent Claims** Extra Claims Fee (\$) - 20 or HP = 50.00 Fee Paid (\$) Fee(\$) HP = highest number of total claims paid for, if greater than 20 360.00 0.00 Fee Paid (\$) Indep. Claims **Extra Claims** Fee(\$)

SUBMITTED BY Signature Registration No. Telephone 202-530-1010 (Attorney/Agent) Name (Print/Type) SCOTT D. MALPEDE Date: July 18, 2006

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250

\_\_\_ (round **up** to a whole number) x

Number of each additional 50 or fraction thereof

(\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

200.00

\$130 fee (no small entity discount)

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Other:\_

- 4 or HP =

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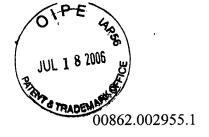
Non-English Specification,

HP = highest number of independent claims paid for, if greater than 3

/ 50 =

Extra Sheets





## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:		)	
		:	Examiner: X.M. Wu
NAOTO ABE, ET AL.		)	
		:	Group Art Unit: 2629
Application No.: 10/629,801		)	_
- 1		:	Confirmation No.: 7926
Filed: July 30, 2003		)	
	•	:	
For:	IMAGE DISPLAY APPARATUS	)	July 18, 2006
	AND IMAGE DISPLAY METHOD	:	-

## Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **AMENDMENT**

Sir:

In response to the Office Action dated April 18, 2006, the Examiner is respectfully requested to amend the above-identified application as follows: